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PTO/SB/22 (12-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 514862001700
Application Number 10/519,333 (PCT/SE03/001135)		Filed June 23, 2005
For MULTILAYER MICROSTRUCTURAL DEVICE		
Art Unit 2874	Examiner J. T. Rahill	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))		Fee \$120 \$60 \$ 60 \$450 \$225 \$ \$1020 \$510 \$ \$1590 \$795 \$ \$2160 \$1080 \$
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u>		
		I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>38,651</u>		
<u>Michael R. Ward</u> Signature _____ Michael R. Ward Typed or printed name _____ (415) 268-6237 Telephone Number		
Date <u>June 30, 2006</u> _____		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.		

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: June 30, 2006 Signature: _____

(Leah Kjellen)

sf-2155427

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